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ABSTRACT

This paper presents the results of a development and psychometric evaluation of the Addiction Counselor Evaluation Scale (ACES), an instrument designed for the evaluation and supervision of entry level Alcoholism and Other Drug Abuse (AODA) counselors based on the Technical Assistance Publication Series (TAP) 21. The domains of the competence of an AODA counselor were delineated by TAP 21, which lists 124 competencies in 4 transdisciplinary foundations and 13 practice dimensions and subdimensions. The use of ACES in training, supervision, and evaluation suggested that there would be a value in using it as both a self evaluation tool and as a supervisor-completed evaluation tool. To evaluate the psychometric properties of the instrument student data and intern and supervisor data were collected. Results indicated strong test-retest and internal reliability for student and intern self evaluations and for supervisor-completed evaluations. Student self evaluations demonstrated construct validity in the form of convergent and discriminate validity. Construct validity for intern self evaluations and supervisor-completed evaluations was also consistent. These results support the use of self ratings and supervisor ratings to evaluate the intern or the training program. In addition, the use of the ACES to structure feedback and discussion of intern performance may enhance the training experience and subsequent competence of AODA counselors. (Author/JDM)

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Abstract

The purpose of this poster is to present the results of the development and psychometric evaluation of the Addiction Counselor Evaluation Scales (ACES), an instrument designed for the evaluation and supervision of entry-level AODA counselors based on the Technical Assistance Publication Series (TAP) 21 (US DHHS, 1998). The domains of competence of an AODA counselor were delineated by TAP 21 which lists 124 competencies in four transdisciplinary foundations and thirteen practice dimensions/subdimensions. The use of the ACES in training, supervision, and evaluation suggested that there would be a value in using it as both a self-evaluation tool and as a supervisor-completed evaluation tool. To evaluate the psychometric properties of the instrument, two sets of data were collected: student data and intern and supervisor data. Results indicated strong test-retest and internal reliability for student and intern self-evaluations and for supervisor-completed evaluations. Student self-evaluations demonstrated construct validity in the form of convergent and discriminant validity. Construct validity for intern self-evaluations and supervisor-completed evaluations was also consistent. These results support the use of self-ratings and supervisor ratings to evaluate the intern or the training program. In addition, the use of the ACES to structure feedback and discussion of intern performance may enhance the training experience and subsequent competence of AODA counselors.

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2

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Addiction Counselor Evaluation Scales: TAP 21 Applied

Treatment providers in the field of substance related disorders are often minimally trained, entry-level practitioners. For example, the Alcoholism and Other Drug Abuse (AODA) Counselor credential of the International Certification & Reciprocity Consortium/Alcohol & Other Drug Abuse, Inc. (ICRC/AODA, 1999) requires only 270 clock hours of training and 6000 clock hours of supervised work experience prior to examination. Most state certifications are similar to the ICRC/AODA credential. These education requirements may be met in continuing education formats or at the associate's degree level. Nevertheless, clients rely on the competence of these counselors for treatment. Therefore, the evaluation of professional competence is a necessary part of training and supervision of these entry-level treatment providers. The purpose of this poster is to present the results of the development and psychometric evaluation of the Addiction Counselor Evaluation Scales (ACES), an instrument designed for the evaluation and supervision of entry-level AODA counselors.

The domains of competence of an AODA counselor were delineated by Technical Assistance Publication Series (TAP) 21 (US DHHS, 1998). This document lists 124 competencies in four "transdisciplinary foundations" (i.e., understanding addiction, treatment knowledge, application to practice, and professional readiness), and eight "practice dimensions" (i.e., clinical evaluation [i.e., screening & assessment]; treatment planning, referral, and service coordination [i.e., implementing the treatment plan, consulting, & continuing assessment and treatment planning]; counseling [i.e., individual counseling; group counseling; & counseling families, couples and significant others]; client, family, and community education; documentation; and

professional and ethical responsibilities. Not only is this an extensive list of domains and competencies; but also, TAP 21 was created by an interdisciplinary team of AODA specialists, thus supporting the content validity of the resultant ACES.

The ACES was created initially to evaluate students, interns, and graduating counselors in a bachelor's level AODA counseling program. The ACES consisted of an outline of the AODA counselor functions identified by TAP 21, followed by the 124 competencies with a Likert scale for each one. The anchors on the Likert scale were 0, not competent, a significant weakness; 1, developing competency, a weakness; 2, competent, adequate performance; 3, above competent, a strength; and 4, masterfully competent, a significant strength. The 124 competencies that comprise the ACES were collapsed into 17 rationally derived scales based on the transdisciplinary foundations and practice dimensions/subdimensions. The use of the ACES in training, supervision, and evaluation suggested that there would be a value in using it as both a self-evaluation tool and as a supervisor-completed evaluation tool. Therefore, the form was created to be used in both ways.

Prior to using the ACES to evaluate the AODA counseling program or individual AODA interns and counselors, there was a need to evaluate the psychometric qualities of the instrument. Two sets of data were collected. In December 1998, test-retest data were collected from AODA students who were asked to self-evaluate their competencies on the ACES. Between December 1998 and May 2001, data were collected from interns and their supervisors. This paper presents the results of the analyses of these data.

Method

Subjects. Respondents were students, interns, and intern supervisors in a bachelor's degree program in AODA counseling. A total of 112 students in the AODA counseling classes participated in a test-retest reliability study, self-evaluating their competencies with the ACES twice, separated by approximately two weeks. A total of 80 students completed both administrations. Also, by May 2001, approximately 59 interns and 45 of their

supervisors have participated in this study.

Instrument. The ACES was prefaced by an informed consent sheet, a report of overall grade point average and grades in each required AODA counseling course. The ACES itself is described above.

Procedure. For the test-retest reliability study, students in AODA counseling classes were given the opportunity for extra-credit by self-evaluating on the ACES. Two weeks later, students who had turned in their self-evaluation were given a repeat administration of the self-evaluation on the ACES.

For the intern/supervisor validity study, interns self-evaluated their competencies at two times: pre-internship and post-internship. These interns were evaluated by their internship supervisors on the ACES at the conclusion of their internship.

Results

AODA students: Test-Retest Reliability, Internal Reliability, and Construct Validity. Results of the test-retest reliability study of self-evaluation by AODA students indicated strong, significant correlations (all at least $r > .70$, $p < .01$). In addition, internal reliability assessed with Cronbach's alphas for all 17 rationally derived subscales were satisfactory ($r > .78$), with most greater than .90. Construct validity of self-evaluations was supported by discriminant validity such that there were few significant correlations with overall grade point average. Convergent validity was supported by a pattern of significant correlations between ACES scales and grade point average in AODA courses. See Table 1.

AODA Interns and Supervisors: Internal Reliability and Construct Validity of Self-Evaluations and Supervisor-Completed Evaluations. Analyses indicated similarly strong internal reliability when the ACES was used as an intern self-rating and when used as a supervisor rating of interns. Construct validity was supported by consistent significant correlations between self and supervisor evaluations on 16 out of 17 scales. On only one scale did interns differ significantly with their supervisor's rating, with interns rating themselves lower on

treatment knowledge than their supervisors.

Discussion and Conclusions

Results indicate strong test-retest and internal reliability for student and intern self-evaluations and for supervisor-completed evaluations. Student self-evaluations demonstrated construct validity in the form of convergent and discriminant validity. Construct validity for intern self-evaluations and supervisor-completed evaluations was also consistent. These results support the use of self-ratings and supervisor ratings. For example, these ratings may be used to evaluate the intern or the training program. In addition, the use of the ACES to structure feedback and discussion of intern performance may enhance the training experience and subsequent competence of AODA counselors.

Use of this instrument for evaluation of post-training counselors requires additional study. Demand characteristics of performance evaluation may affect the validity of the evaluation. Therefore, the validity of the ACES with post-training counselors requires empirical evaluation.

References

The International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (1999). Standards for Certified AODA Counselors [On-line]. Available: http://www.icrcaoda.org/standardscounsel.htm.

U.S. Department of Health and Human Services, 1998, Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice: Technical Assistance Publication Series 21 (DHHS Publication No. (SMA) 98-3171), (Rockville, MD, Author).

Table 1. Psychometric Qualities of the Addiction Counselor Evaluation Scales (ACES): Student Sample: Self - Evaluation

Competency	Test-Retest r (n = 84)	Cronbach's alpha (n = 112)	Convergent Validity r with major GPA (n = 46)	Discriminant Validity r with overall GPA (n = 98)
A. FOUNDATIONS FOR ADDICTION PROFESSIONALS				
I. UNDERSTANDING ADDICTION	.85***	.86	.58***	-.02
II. TREATMENT KNOWLEDGE	.72**	.78	.55***	-.07
III. APPLICATION TO PRACTICE	.79***	.92	.40**	-.25**
IV. PROFESSIONAL READINESS	.81***	.86	.37**	-.05
B. ADDICTION COUNSELOR COMPETENCIES				
1. Clinical Evaluation				
Screening	.84***	.97	.44**	-.17*
Assessment	.75***	.92	.56***	-.06
2. Treatment Planning	.80***	.98	.47***	-.11
3. Referral	.84***	.97	.46**	-.16
4. Service Coordination				
Implementing the Treatment Plan	.79***	.97	.50***	-.12
Consulting	.83***	.91	.51***	.04
Continuing Assessment and Treatment Planning	.87***	.97	.39**	-.10
5. Counseling				
Individual Counseling	.83***	.98	.31*	-.11
Group Counseling	.83***	.96	.04	-.11
Counseling for Families, Couples, and Significant Others	.89***	.96	.35**	-.07
6. Client, Family, and Community Education	.85***	.96	.40**	-.08
7. Documentation	.91***	.97	.38**	-.13
8. Professional and Ethical Responsibilities	.85***	.96	.49***	-.11

Table 2. Psychometric Qualities of the Addiction Counselor Evaluation Scales (ACES): Intern Sample: Self & Supervisor Evaluation

Competency	Cronbach's alpha: Intern (n =59)	Cronbach's alpha: Supervisor (n = 45)	Convergent Validity r with supervisor evaluation (n = 41)	Paired t test: Self - Supervisor Ratings (df = 41)
A. FOUNDATIONS FOR ADDICTION PROFESSIONALS				
I. UNDERSTANDING ADDICTION	.81	.87	.36*	0.17
II. TREATMENT KNOWLEDGE	.74	.87	.53***	-2.03*
III. APPLICATION TO PRACTICE	.89	.93	.42**	-0.94
IV. PROFESSIONAL READINESS	.87	.93	.34*	0.01
B. ADDICTION COUNSELOR COMPETENCIES				
1. Clinical Evaluation				
Screening	.91	.97	.39**	0.41
Assessment	.90	.90	.36**	0.48
2. Treatment Planning	.95	.97	.45**	-0.22
3. Referral	.94	.96	.24	-0.49
4. Service Coordination				
Implementing the Treatment Plan	.89	.95	.38**	-1.44
Consulting	.90	.92	.47***	-0.95
Continuing Assessment and Treatment Planning	.92	.95	.36**	-1.05
5. Counseling				
Individual Counseling	.96	.98	.52***	0.50
Group Counseling	.89	.96	.37**	-0.14
Counseling for Families, Couples, and Significant Others	.93	.95	.39**	-0.62
6. Client, Family, and Community Education	.93	.97	.49***	-0.83
7. Documentation	.89	.94	.42**	-0.25
8. Professional and Ethical Responsibilities	.90	.96	.60***	0.26